

**IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

ISRAEL GUTIERREZ, #246141,	*
	*
Plaintiff,	*
	*
vs.	* Civil Action No. 2:07-cv-601-WKW
	*
MONTGOMERY COUNTY DETENTION CENTER, SHERIFF D. T. MARSHALL, LT. CRENSHAW, and LT. FINLEY,	*
	*
Defendants.	*

**SPECIAL REPORT**

COME NOW, Defendants Montgomery County Detention Center<sup>1</sup>, Sheriff D. T. Marshall, Lt. Crenshaw and Lt. Finley, by and through their attorney and submits the following Special Report to this Court to address the Plaintiff's Complaint.

**DOCUMENTS**

Affidavit of D. T. Marshall

Affidavit of Gina M. Savage

Affidavit of Annie Pearl Findley

Affidavit of Martin L. Crenshaw

Medical Notes

Grievance or Appeal of Decision Form

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<sup>1</sup> Montgomery County Detention Center is not a legal entity.

## **PLAINTIFF'S ALLEGATIONS**

Plaintiff alleges that sometime prior to October 10, 2005, his hand was broken. Plaintiff states that he saw the Detention Facility nurse for his hand and she told him that his hand was not broken. His hand continued to hurt, so he spoke with Lt. Crenshaw and Lt. Finley and an appointment was made at the hospital where he was told that his hand was broken and that he needed physical therapy. Plaintiff alleges that he never received physical therapy and that he cannot close his hand due to this injury. Plaintiff has requested the Defendants pay him One Hundred Thousand Dollars (\$100,000) because of lack of medical attention.

## **FACTS**

1. Plaintiff entered the Montgomery County Detention Facility on March 31, 2005 charged with drug trafficking. He was sentenced February 17, 2006 and released to the Department of Corrections on May 30, 2006. (See Affidavit of Gina M. Savage)

2. It is the policy of the Montgomery County Detention Facility that every effort will be made on the part of the facility personnel to ensure safe custody, decent living conditions, and fair treatment for all inmates. (See Affidavit of Sheriff D. T. Marshall)

3. According to the medical records, Plaintiff injured his left hand on September 7, 2005. The following day, Southern Radiology Services x-rayed his hand and in its report stated that, "There is an oblique lucency transversing the head of the third metacarpal distally. Bone mineral density appears normal otherwise. No other

fractures are detected." In laymen terms, Plaintiff had a broken knuckle on his left hand. Plaintiff was prescribed pain medication and his hand was wrapped with an ace bandage. On September 10, 2005, Plaintiff was seen by the Detention Facility nurse on duty. Plaintiff filed an inmate request form on September 13, 2005 and asked to see the doctor, which he did and per the doctor's orders on September 16, 2005, Plaintiff was transported to Baptist South Emergency Room where he was treated and referred to Dr. Freeman with Southern Orthopedic Surgeons. On November 15, 2005, Plaintiff was examined by Dr. Freeman whose diagnosis was that Plaintiff had a fractured hand with severe hand stiffness. Treatment was scheduled for three weeks. On November 23, 2005, Plaintiff was evaluated by the facility nurse. After seeing the doctor at Southern Orthopedic Surgeons on January 3, 2006, Plaintiff was released from their care. (See Affidavit of Gina M. Savage and Medical Notes from Southern Radiology Services, LLC dated 09-08-05, Detention Facility medical notes for 09-10-05, 09-15-05, 09-16-05, 09-19-05, 11-11-05 and 11-23-05, Physicians' Orders dated 09-07-05, 09-15-05, 09-19-05, 09-29-05, 11-11-05 and Patient Referral Information Forms.)

4. Plaintiff filed a Grievance Report on September 13, 2005 regarding his x-ray diagnosis and his desire to see a doctor. Plaintiff alleges the nurse told him on Saturday that he would be seen by the doctor on Monday. On Monday, he was told it would be Friday before he could see the doctor. This matter was investigated and Plaintiff was scheduled to see the doctor on September 15, 2005. (See Grievance or Appeal of Decision dated 09-13-05 and Grievance Decision dated 09-19-05.)

5. Plaintiff was seen on numerous occasions by facility medical personal as well as outside medical professionals. Plaintiff was never denied adequate medical attention. (See Affidavit of Gina M. Savage)

6. After reviewing Plaintiff's file to prepare her affidavit regarding this complaint, Defendant Annie Pearl Findley avers that she does not recall speaking with Plaintiff about his hand in 2005. (See Affidavit of Annie Pearl Findley.)

7. After reviewing Plaintiff's file to prepare his affidavit regarding this complaint, Defendant Martin L. Crenshaw avers that he does not recall speaking with Plaintiff about his hand in 2005. Defendant Crenshaw further states that he consistently strives to ensure that inmates under his supervision are treated fairly. If a non-life threatening injury had been reported to him, he would have advised the inmate to complete an Inmate Sick Call Slip. If he felt that the health matter needed immediate attention, he would have contacted the nurse on duty. (See Affidavit of Martin L. Crenshaw.)

8. It would be hard for anyone to recall who they spoke to on a specific date two years ago much less exactly what they talked about.

9. If Dr. Freeman had ordered physical therapy, Plaintiff would have received physical therapy, but the medical records do not show any doctor's orders for physical therapy.

## **DEFENSES**

1. The Complaint fails to state a claim upon which relief can be granted.

2. Defendants did not violate any of the Plaintiff's constitutional rights afforded him under law.

3. Plaintiff has listed the "detention center" as a Defendant. The Montgomery Detention Facility is not a legal entity and therefore should be dismissed.

4. While Plaintiff did file a grievance report about seeing the doctor, he did not address his lack of medical attention to his broken knuckle, only that he wanted to see the doctor and this was remedied post haste. If he was not satisfied with his medical treatment, he should have filed **another grievance report** specifically addressing these allegations and **he did not**. Plaintiff failed to exhaust his administrative remedies by taking advantage of the inmate grievance system in place at the Montgomery County Detention Facility. Plaintiff's claims should therefore be dismissed. *Alexander v Hawk*, 159 F. 3<sup>rd</sup> 1321 (11<sup>th</sup> Cir. 1998).

5. Defendants D. T. Marshall and Gina M. Savage aver that they are entitled to the Eleventh Amendment to the United States Constitution and/or qualified immunity from suit.

6. Defendants aver that they acted in a manner that had been in accordance with previous court rulings regarding the operation of the Montgomery County Detention Facility.

7. Defendants aver that the prison regulations in question were reasonably related to legitimate penological interests.

## MEMORANDUM IN LAW

The Plaintiff's claims do not rise to a constitutional violation. The Plaintiff cannot demonstrate that the conditions at the facility are sufficiently serious or that the Defendants were deliberately indifferent to his health or safety. Plaintiff received reasonable medical care.

Grievance procedures are available to inmates to address living conditions at the Montgomery County Detention Facility. Plaintiff failed to file any grievance regarding his claims in this complaint. Plaintiff therefore failed to exhaust available administrative remedies, and his claims should therefore be dismissed. *Alexander v. Hawk*, 159 F. 3<sup>rd</sup> 1321 (11<sup>th</sup> Cir. 1998).

Plaintiff's claims for damages against the Defendants in their official capacities under 42 U.S.C. §1983 should be dismissed because in their official capacities, the Defendants are not considered "persons" subject to liability under §1983. *Will v. Michigan Dept. of State Police*, 491 U.S. 58 (1989). Any such official capacity claims must also be dismissed because Defendants are entitled to immunity under the Eleventh Amendment. *Lancaster v. Monroe County*, 16 F. 3<sup>rd</sup> 1419 (11<sup>th</sup> Cir. 1997).

To the extent Plaintiff has asserted his claims against the Defendants in their individual capacities, they are entitled to qualified immunity. "Qualified immunity protects government officials performing discretionary functions from civil trials (and the other burdens of litigation, including discovery) and from liability if their conduct violates no "clearly established statutory or constitutional rights of which a reasonable person would have known." *Gonzales v. Lee County Housing Authority*, 161 F. 3<sup>rd</sup> 1290, 1295 (11<sup>th</sup> Cir. 1998). Defendants were acting within the scope of their discretionary

authority, and the burden is therefore on the Plaintiff to demonstrate that their actions violated clearly established law based upon objective standards. Plaintiff cannot meet this burden; therefore, his claims should be dismissed.

Plaintiff must also establish a causal connection between an act of a supervising official and the alleged constitutional violation. *Smith v. State of Alabama*, 996 F. Supp. 1203, 1212 (M.D. Ala. 1998). Defendants are supervisory officials. Plaintiff has failed to establish a causal connection between any of their actions and any alleged constitutional violation. Plaintiff's claims against the Defendants should therefore be dismissed.

There is no evidence that the Defendants had a subjective awareness of a relevant risk of serious harm to the Plaintiff and that they disregarded that risk. The prison regulations in place at the Montgomery County Detention Facility are reasonable and do not infringe the Plaintiff's constitutional rights. *Turner v. Safley*, 482 U.S. 78 (1997).

Defendants further submit that Plaintiff has also failed to exhaust any applicable grievance procedure with respect to this claim. Defendants therefore respectfully request that this Honorable Court dismiss the Plaintiff's claims and for any other relief to which they may be entitled.

Respectfully submitted this 14<sup>th</sup> day of September 2007.

s/ Thomas T. Gallion, III  
Thomas t. Gallion, III (GAL010)  
Attorney for Defendants

OF COUNSEL:

Haskell Slaughter Young & Gallion, LLC  
305 South Lawrence Street (36104)  
Post Office Box 4660  
Montgomery, AL 36103-4660  
(334) 265-8573  
Fax: (334) 264-7945

CERTIFICATE OF SERVICE

I hereby certify that a copy of the above and foregoing document has been served upon the following listed person by placing a copy of same in the United States mail, postage prepaid and properly addressed, on this the 14<sup>th</sup> day of September 2007.

Israel Gutierrez  
AIS#246141 BBCF B Dorm Bed 12A  
565 Bibb Lane  
Brent, AL 35034

s/ Thomas T. Gallion, III  
Of Counsel

50051-607  
#27,982

**IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

**ISRAEL GUTIERREZ, #246141,** )  
  )  
  )  
**Plaintiff,**                                 )  
  )  
  )  
  )  
**v.**    ) **CIVIL ACTION NO. 2:07-CV-601-WKW**  
  )  
**MONTGOMERY COUNTY**                             )  
**DETENTION FACILITY, et al.,**                     )  
  )  
  )  
**Defendants.**                                    )

**AFFIDAVIT OF D. T. MARSHALL**

Before me, a Notary Public, personally appeared D. T. Marshall and after being duly sworn, did say as follows

1. My name is D. T. Marshall and I am Sheriff of Montgomery County, Alabama.
2. I have not violated the constitutional rights of Inmate Israel Gutierrez.
3. It is the policy of the Montgomery County Detention Facility that every effort will be made on the part of facility personnel to ensure safe custody, decent living conditions, and fair treatment for all inmates.
4. The total, daily operations of the jail are managed by the Director of the Detention Facility, employed by the Montgomery County Sheriff's Office.

  
D. T. Marshall

Sworn to and subscribed before me this 16 day of August, 2007.

Leaw Aines Cates  
Notary Public  
My Commission Expires September 13, 2010

**IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

ISRAEL GUTIERREZ, #246141, )  
Plaintiff, )  
v. ) CIVIL ACTION NO. 2:07-CV-601-WKW  
MONTGOMERY COUNTY )  
DETENTION FACILITY, et al., )  
Defendants. )

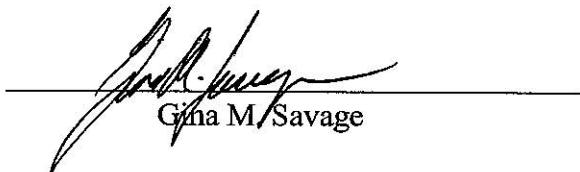
**AFFIDAVIT OF GINA M. SAVAGE**

Before me, a Notary Public, personally appeared Gina M. Savage and after being duly sworn, did say as follows

1. My name is Gina M. Savage. I am Director of the Montgomery County Detention Facility.
2. I have not violated the constitutional rights of Inmate Israel Gutierrez.
3. Inmate Israel Gutierrez was arrested March 31, 2005, charged with Trafficking in Marijuana. His bond was set at \$200,000. Inmate Gutierrez was sentenced February 17, 2006, and released to the Department of Corrections May 30, 2006.
4. According to medical records Inmate Gutierrez injured his left hand on September 7, 2005. The following day, September 8, 2005, Southern Radiology Services x-rayed his hand and presented the following findings: "There is an oblique lucency transversing the head of the third metacarpal distally. Bone mineral density appears normal otherwise. No other fractures are

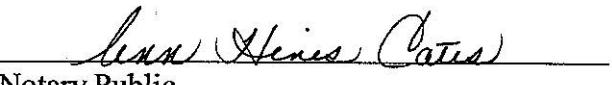
detected". He was prescribed pain medication and his hand was wrapped with an ace bandage. On September 10, 2005, he was seen by the nurse on duty. He filed an inmate request form on September 13, 2005, stating that he had injured his hand the previous week and asked to be seen by the doctor. He was scheduled to see the doctor September 15, 2005. On September 16, 2005, per doctor's orders, Inmate Gutierrez was transported to Baptist South Emergency Room where he was prescribed 800 mg. of Motrin and referred to Dr. Freeman with Southern Orthopedic Surgeons. He was scheduled for an appointment with Southern Orthopedic Surgeons on November 15 where he was diagnosed with a fractured hand with severe hand stiffness. Treatment was scheduled for three weeks. On November 23, 2005, he was evaluated by the facility nurse. After seeing the doctor at Southern Orthopedic Surgeons on January 3, 2006, he was released from their care.

Inmate Gutierrez was seen on numerous occasions by facility medical personnel as well as outside medical professionals. Inmate Gutierrez was never denied adequate medical attention.



Gina M. Savage

Sworn to and subscribed before me this 6th day of September, 2007.



Gina M. Savage, Notary Public  
Notary Public  
My Commission Expires September 13, 2010

**IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

<b>ISRAEL GUTIERREZ, #246141,</b>	)	
	)	
<b>Plaintiff,</b>	)	
	)	
<b>v.</b>	)	<b>CIVIL ACTION NO. 2:07-CV-601-WKW</b>
	)	
<b>MONTGOMERY COUNTY</b>	)	
<b>DETENTION FACILITY, et al.,</b>	)	
	)	
<b>Defendants.</b>	)	

**AFFIDAVIT OF ANNIE PEARL FINDLEY**

Before me, a Notary Public, personally appeared Annie Pearl Findley and after being duly sworn, did say as follows:

1. My name is Annie Pearl Findley. I am a Lieutenant with the Montgomery County Detention Facility.
2. Inmate Israel Gutierrez alleges in his lawsuit that he broke his hand and that after a week he spoke with me and Lieutenant Crenshaw concerning the injury. I do not recall speaking with Inmate Gutierrez. I was not aware that he had broken his hand. There is no incident report or any other documentation in his file regarding this alleged incident.

A grievance form he filed with the grievance clerk dated September 13, 2005, regarding his injury and her response advising him that he was scheduled to see the doctor on September 15, 2005, is in his file.

Inmate Gutierrez did not contact me verbally or by written communication. I have no knowledge of him sustaining an injury.

Annie Pearl Findley  
Annie Pearl Findley

Sworn to and subscribed before me this 21 day of August, 2007.

Laura Dennis Cates  
Notary Public  
My Commission Expires September 13, 2010

**IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

<b>ISRAEL GUTIERREZ, #246141,</b>	)	
	)	
<b>Plaintiff,</b>	)	
	)	
<b>v.</b>	)	<b>CIVIL ACTION NO. 2:07-CV-601-WKW</b>
	)	
<b>MONTGOMERY COUNTY</b>	)	
<b>DETENTION FACILITY, et al.,</b>	)	
	)	
<b>Defendants.</b>	)	

**AFFIDAVIT OF MARTIN L. CRENSHAW**

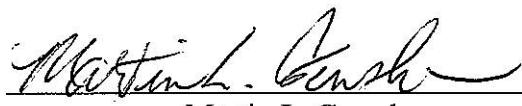
Before me, a Notary Public, personally appeared Martin L. Crenshaw and after being duly sworn, did say as follows:

1. My name is Martin Crenshaw. I am a Lieutenant with the Montgomery County Detention Facility.
2. Inmate Israel Gutierrez alleges that he was denied medical attention for a broken hand. He stated that the facility nurse told him that his hand was not broken and that he reported the injury to me and another facility supervisor, Lieutenant Annie Findley. He indicated that his hand was still swollen at that time and I (we) spoke with a doctor about his hand. He further stated that he was later taken to a hospital and it was determined that his hand was broken. He stated that he was scheduled for therapy but never received it.

I do not recall speaking with Inmate Gutierrez concerning his hand. I have reviewed his facility file and found no documentation of having spoken with him. I did find a grievance regarding his complaint, however it was not addressed to me nor was I mentioned in the grievance. If I had been made aware of an injury that Inmate Gutierrez had suffered, I would

have taken the necessary steps to get him proper medical attention. I have no medical expertise; therefore my responsibility would have fallen under the advice of the medical staff.

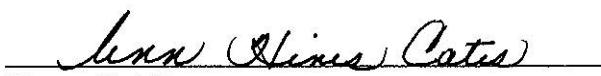
I consistently strive to ensure that inmates under my supervision are treated fairly. If a non-life threatening injury had been reported to me, I would have advised the subject to complete an Inmate Sick Call Slip. If I felt that it needed immediate attention, I would have contacted the nurse on duty. If there was not a nurse on duty, I would have had the subject transported to a medical facility for appropriate medical care. In emergency situations, I act under the advice of those that are medically trained.



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Martin L. Crenshaw

Sworn to and subscribed before me this 28 day of August, 2007.



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Lynn Miles Carter  
Notary Public  
My Commission Expires September 13, 2010

## PROGRESS NOTES

Isael

Date/Time	Inmate's Name:	5/11/09/PB	D.O.B.: 3/29/00	S.S. #:
4/12/05				

Had gastric bypass in Texas 7 mos ago. Hx foot >130 lbs.

Has been feeling real poorly.

Has hypo. flint -

Wobac

Bonsor

*longipr.*

PB = 1

Neg

A<sup>o</sup> 3 P. gastric bypass

Plan  $\rightarrow$  MVE daily. EFE daily.

B-12. tabs.

81K105 C10, Nalisa C (Unabs) eat will due to me  
about Meats P At information is in from Texas - Henry Co  
81-7105 Presented to me by Dept Officer C 90 (2) Varm et  
hand pains. Stiff & swollen & hurts to move, noted  
exacerbations. Re-packs et ice. bandage applied.  
Blistin 800mg po BID X 7 days. X Ray Order for  
(2) Varm et fingers 20 c. C10 pains /me to Southern  
Radiology et spine & regarding to S/SU appt. tomorrow  
SRS radiol. notify et verbalized understanding

SS#: 6154-13-6111

## PROGRESS NOTES

D.O.B.: 5/19/60

Last Name

First Name

Attending Physician

Room No.

Hosp. No.

Gutierrez, Israel

Nichols

9-10-05 Verbalized that he had re'd injury to rt hand on wednesday - had x-ray done thursday - C/S swelling + pain - ace wrap removed per radial pulse check - B/p 143/93 P-65 - No discoloration noted - Hand warm to touch - PRN for discomfort given - last time kept hand R to V swelling PRN given *Jay Nichols*

9/15/05 Came out of shower & slipped & broke his 3rd metacarpal on left a week ago yesterday -

P/E: swelling back of hand

A: fx hand

Plan → x-ray Palmar - ? je x-ray preop of bid.

9/16/05 unable to transport to MD office  
at 11:00 sent to EMS for treatment per MD orders

9/19/05 Will D/C med. Stated ERIC LOS for nausea Zantac (50)mg / reglan (10)mg BID

*WJ Sidman*

## PROGRESS NOTES

**HYSICIANS' ORDERS**

Southern Health Partners, I

Name:		Diagnosis (if chg'd):
O.B.:		<i>MVR &amp; Fractured.</i>
Allergies:		
Last Name:	Date:	<input type="checkbox"/> Generic Substitution Is NOT Permitted
Name: Gutierrez, Israel		<i>B - 12 tabs daily.</i>
O.B.:	Date: 9/12/05	<input type="checkbox"/> Generic Substitution Is NOT Permitted
Allergies:	<i>IBU 800 mg PO BID X 7 days</i>	<i>Prozac 40 mg daily.</i>
Last Name:	Date: 9/12/05	<input type="checkbox"/> Generic Substitution Is NOT Permitted
O.B.:		<i>Diagnosis (if chg'd):</i>
Allergies:		<i>Sommeil Arm in Cervical Collar</i>
Last Name:	Date: 9/12/05	<input type="checkbox"/> Generic Substitution Is NOT Permitted
O.B.:		<i>To 90 pain in R arm &amp; ice pack applied to lung made, will</i>
Allergies:		<i>Sch. X-ray, MRI soon as given.</i>
Last Name:	Date: 9/12/05	<input type="checkbox"/> Generic Substitution Is NOT Permitted
O.B.:		<i>Diagnosis (if chg'd):</i>
Allergies:		<i>Percogard 1 tab.</i>
Last Name:	Date: 9/15/05	<input type="checkbox"/> Generic Substitution Is NOT Permitted
O.B.:		<i>Diagnosis (if chg'd):</i>
Allergies:		<i>Ocmed. 30mg 150mg Reglan 10mg Clo 100mg</i>
Last Name:	Date: 9-19-05	<input type="checkbox"/> Generic Substitution Is NOT Permitted
O.B.:		<i>Diagnosis (if chg'd):</i>
Allergies:		<i>Motrin 300 mg po daily</i>
Last Name:	Date: 1	<input type="checkbox"/> Generic Substitution Is NOT Permitted
O.B.:		<i>Diagnosis (if chg'd):</i>
Allergies:		
Last Name:	Date: 1	<input type="checkbox"/> Generic Substitution Is NOT Permitted
O.B.:		<i>Diagnosis (if chg'd):</i>
Allergies:		
Last Name:	Date: 1	<input type="checkbox"/> Generic Substitution Is NOT Permitted
O.B.:		<i>Diagnosis (if chg'd):</i>
Allergies:		

## Physician's Orders

Southern Health Partner's, Inc

Inmate Name: Gutierrez, Isreal	Facility: Montgomery County Jail
SS#: 4571-23-6172	
DOB: 3-29-00	
Allergies:	

Date: 9-29-05 Motrin 800mg i/po x1/day Dr. Nichols	Date: M.D. Sig:
Date: 11/11/05 Ibuprofen 800mg i/po BID x30d (broken hand) Dr. Dr. Nichols / Aboumarie	Date: 2/16/06 Elavil 100mg @Night. Harris M.S.
M.D. Sig:	M.D. Sig:
Date: 11/11/05 Ibuprofen 800mg i/po BID x30d (broken hand) Dr. Dr. Nichols / Aboumarie	Date: 2/16/06 Elavil 100mg @Night. Abenadol 500mg daily. Congo for eye drops Harris M.S.
M.D. Sig:	M.D. Sig:
Date: 1/23/05 Maxide 37.5/25mg i/po Q AM (81p 15% go) BID ✓ daily x 5 & then RevAT 90 M.D. Sig: R.N.C.M.S/CBn	Date: 4-17-06 Keflex 500mg it caps. PD BID x7 day 2) Ibuprofen 800mg PO BID x7 days per pain. M.D. Sig: per protocol R.Burkett, LPN / DR. Nichols

SOUTHERN RADIOLOGY SERVICES, LLC  
X-RAY REPORT

DATE	LAST NAME	FIRST NAME	MI
9/8/2005	GUTTERREZ	ISRAEL	
D.O.B.	SEX	FACILITY	
3/29/1960	M	SHP-MONTGOMERY COUNTY	
ORDERING PHYSICIAN		X-RAY NO.	
NICHOLS		MT8828	

**LEFT HAND, TWO VIEWS**

**FINDINGS:** There is an oblique lucency transversing the head of the third metacarpal distally. Bone mineral density appears normal otherwise. No other fractures are detected.

**IMPRESSION:** Oblique fracture distal third metacarpal head nondisplaced.

John Waldo, M.D./kmc

✓  
N 9/15/05

tt: 9/8/2005 5:21:58 PM  
td: 9/8/2005 3:45:48 PM

Southern  
Health  
Partners

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN. 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

### PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/Facility regarding his/her symptoms or conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

**TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:**

Appt. Date/Time: 9/16/05 Patient's Name (Last/First): Gutierrez Israel

DOB: 3-24-60 SS#: 454-23-0112 Sex:  M  F Inmate Loc: 4-C

Housing Facility/Site: Mont. County Jail/#7070 Appt. Destination: Bmcs

Appt. Address & Phone #: \_\_\_\_\_

Site Medical Contact (RN/LPN): W. Henry CRN Site Physician: Nichols

Site Medical Unit Phone #: (334) 832-2542 Site Medical Unit Fax #: (334) 832-7768

Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)

See X-ray from 9-8/05

Service Requested: EVAL./TX

**TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:**

Findings: \_\_\_\_\_

Planned Treatment: \_\_\_\_\_

ER/Hospital Physician Orders: \_\_\_\_\_

ER/Hospital Contact (Include Phone #): \_\_\_\_\_ Notes: \_\_\_\_\_

Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # noted above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

Southern Health Partners, Inc.  
JAIL MEDICAL UNIT



## INMATE SICK CALL SLIP

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member.

Today's Date: 10-19-05 Pod/Location: 4B Cell: 4B

Name: ISRAEL Gutierrez

ID# 85653

Complaint/Problem: I need to see the doctor about my hand  
(2 broken knuckles) and I need to see the dentist  
about the tooth he told me he would pull (two weeks ago)  
that I still have.

How long have you had this problem? 1 month

## **TO BE COMPLETED BY MEDICAL STAFF:**

Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Resolved

- Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- Chronic Condition
- Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 10/11/05 Seen by: C. Smith, LPN

Place original form in patient's medical record.

*SHE*  
 Southern  
 Health  
 Partners

*95002*

*1-888-231-2888*

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN. 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

### PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/Facility regarding his/her symptoms or conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

**TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:**

Appt. Date/Time: 1/15, 9:30 Patient's Name (Last/First): Gutierrez, Israel  
 DOB: 3-29-60 SS#: 454-23-0112 Sex:  M F Inmate Loc: 4-B

Housing Facility/Site: Mont. County Jail/#7070 Appt. Destination: Dr. Freeman

Appt. Address & Phone #: 488 St. Lukes Dr. 413-9000

Site Medical Contact (RN/LPN): (Mrs) L. Lee. Site Physician: Nichols

Site Medical Unit Phone #: (334) 832-2542 Site Medical Unit Fax #: (334) 832-7768

Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)

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Service Requested: EVAL./TX Fracture (1 hand)

**TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:**

Findings: Fracture

Planned Treatment: TX

ER/Hospital Physician Orders: Flu Subc

ER/Hospital Contact (Include Phone #): \_\_\_\_\_ Notes: \_\_\_\_\_

*Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # noted above. If inpatient hospitalization is required, medical staff MUST be notified immediately.*

Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

SOUTHERN ORTHOPAEDIC SURGEONS L.L.C.  
2000 NORMANDIE DR MONTGOMERY, AL 36111  
(334) 613-9000

DONALD F. HODURSKI, M.D.  
DEA# AH7031975 LIC# 5785  
J.H. ARMSTRONG, M.D.  
DEA# AA7523536 AL-5697  
SAMUEL L. MILLER, M.D.  
DEA# AM8183371 LIC# 8363

CHARLES T. FLETCHER, JR., M.D.  
DEA# AF2233930 LIC# 11026  
MICHAEL E. FREEMAN, M.D.  
DEA# AF1731098 AL-12872  
ROLAND A. HESTER, IV, M.D.  
DEA# BH1341027 AL-15794

JOSEPH F. CURTIS, JR., M.D.  
DEA# BC1433666 LIC# 14087  
N TUCKER MATTOX, JR., M.D.  
DEA# BM2965171 LIC# 19617  
STEPHEN W. SAMELSON, M.D.  
DEA# BS3957226 AL-21227

NAME Israel Gwiltener DATE 11/15/05

ADDRESS \_\_\_\_\_

Rx

TX 3X 1 wks

x 3 wks

Dx: Severe head stiffness

Label

Refill

times

M.S.F  
PRODUCT SELECTION PERMITTED

M.D.

M.D.

DISPENSE AS WRITTEN

Southern  
Orthopaedic  
Surgeons *llc.*

M Israel Guiterres

HAS AN APPOINTMENT ON

MONDAY \_\_\_\_\_ at \_\_\_\_\_ o'clock

TUESDAY 12-6 at 8/15 o'clock

WEDNESDAY \_\_\_\_\_ at \_\_\_\_\_ o'clock

THURSDAY \_\_\_\_\_ at \_\_\_\_\_ o'clock

FRIDAY \_\_\_\_\_ at \_\_\_\_\_ o'clock

*If unable to keep this appointment, kindly give 24 hours notice.*

LOCATION

- Normandie     St. Lukes     Prattville  
 Tallassee     Greenville

Donald F. Hodurski, M.D.

Roland A. Hester IV, M.D.

James H. Armstrong, M.D.

Joseph F. Curtis, Jr., M.D.

Samuel L. Miller, M.D.

N Tucker Mattox, Jr., M.D.

Charles T. Fletcher, Jr., M.D.

Stephen W. Samelson, M.D.

Michael E. Freeman, M.D.

334 / 613-9000

PLEASE REFER TO MAP ON BACK

sos-24 11/01

Southern  
Health  
Partners

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN. 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

### PATIENT REFERRAL INFORMATION FORM

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TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:

Appt. Date/Time: 1/3, 9am Patient's Name (Last/First): Gutierrez, Israel

DOB: 3-29-60 SS#: 454-23-6012 Sex: M F Inmate Loc: 4-B

Housing Facility/Site: Mont. County Jail/#7070 Appt. Destination: DR. Freeman

Appt. Address & Phone #: 488 St. Lukes DR L13-9000

Site Medical Contact (RN/LPN): MRC) L. Lee Site Physician: Nichols

Site Medical Unit Phone #: (334) 832-2542

Site Medical Unit Fax #: (334) 832-7768

Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)  


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Service Requested: EVAL/TX Fracture D hand

TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:

Findings: Revolving hand sh Fracture

Planned Treatment: Released

ER/Hospital Physician Orders: \_\_\_\_\_

ER/Hospital Contact (Include Phone #): \_\_\_\_\_ Notes: \_\_\_\_\_

Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # noted above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

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Health  
Partners

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**TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:**

Appt. Date/Time: 12/6/8 15 Patient's Name (Last/First): Gutierrez, Israel

DOB: 3-29-10 SS#: 454-23-0112 Sex: M F Inmate Loc: 4-B

Housing Facility/Site: Mont. County Jail/#7070 Appt. Destination: Dr. Freeman

Appt. Address & Phone #: 488 St. Lukes Dr. 613-9000

Site Medical Contact (RN/LPN): (MRC) L. Lee Site Physician: Nichols

Site Medical Unit Phone #: (334) 832-2542 Site Medical Unit Fax #: (334) 832-7768

Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)

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Service Requested: EVAL/TX Fracture @ hand.

**TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:**

Findings: \_\_\_\_\_

Planned Treatment: Needs to

ER/Hospital Physician Orders: M-S-T

ER/Hospital Contact (Include Phone #): \_\_\_\_\_ Notes: \_\_\_\_\_

Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # noted above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

Southern  
Health  
Partners

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN. 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

### PATIENT REFERRAL INFORMATION FORM

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**TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:**

Appt. Date/Time: 9-16-05 Patient's Name (Last/First): Gutierrez Israel

DOB: 3-24-60 SS#: 454-23-0112 Sex:  M  F Inmate Loc: 4-C

Housing Facility/Site: Mont. County Jail/#7070 Appt. Destination: BMCs

Appt. Address & Phone #: \_\_\_\_\_

Site Medical Contact (RN/LPN): J Henry RN Site Physician: Nichols

Site Medical Unit Phone #: (334) 832-2542 Site Medical Unit Fax #: (334) 832-7768

Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)

See X-ray from 9-8-05

Service Requested: EVAL./TX

**TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:**

Findings: No ACUTE INJURY per XR; (1) Hand Contusion; (1) 3rd metacarpal

Planned Treatment: Splint / Ortho Follow up

ER/Hospital Physician Orders: Motrin 800mg Q8H PRN

ER/Hospital Contact (Include Phone #): \_\_\_\_\_ Notes: \_\_\_\_\_

*Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # noted above. If inpatient hospitalization is required, medical staff MUST be notified immediately.*

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SOUTH 286-2843  
 EAST 244-8448  
 PRATTVILLE 361-4239

B0525900487 GUTTEREZ, ISRAEL  
 DOB: 03/29/60 Age: 45Y MR #: 588211  
 Admit Date/Time: 09/16/05 1505P  
 911 MOOREHOUSE, JOHN D

ptist Health

Page 1 of 1

## Emergency Room Prescription Form

## PRESCRIPTION FORM

Address	Phone	Refills	Location
			South

**MEDICINES PRESCRIBED**  If not, check this box:  **AVOID IF NOT PRINTED WITH CHERRY BACKGROUND**

Name/Strength	Number	Schedule / Duration	No Refills	Refills
1. Motrin 800mg	24	784 pm	<input checked="" type="checkbox"/>	
2.				
3.				
4.				
5.				

Emilio Belaval  
 AL 22654  
 DEA - BB6205248

Joel Sullivan  
 DEA - AS2020066  
 ARN - 10094

Ronald A. Shaw  
 AL - 6388  
 DEA - AS5046613

Julio Enrico Rios  
 ARN - 21678  
 DEA - BR2471326

Wallace Falero  
 AL - 1405  
 DEA - AF1092119

James M. Bradwell  
 DEA - BB6422065  
 AL - 22707

David G. Alexander  
 DO - 657  
 AA3259226

John Moorehouse  
 DEA - AM6869119  
 ARN - 7151

Jessie Austin  
 DEA - AA8394075  
 ARN - 8595

Tom Decaro  
 DEA - AD2028355  
 ARN - 11369

Henry Kuriuez III  
 DEA - AK2572F16  
 AL - 22198

Victoria L. Beckman  
 DEA - BB62553885  
 AL - 22440

Steven G. O'Mara  
 DEA - BO1736074  
 DO - 713

Brad Frisbie  
 DEA - BF2524589  
 ARN - 15396

Thomas Arnold  
 DEA - AA9548656  
 ARN - 10275

Paul Tanaka  
 ARN - 7153  
 DEA - 8922-696

Label all prescriptions

No refills

Product Selection Permitted

M.D./D.O.

M.D./D.O.

Dispense as Written

BSB-0082 (06/02)

B0525900487 GUTTEREZ,ISRAEL  
 DOB: 03/29/60 Age:45Y MR #:588211  
 Admit Date/Time: 09/16/05 1505P  
 911 MOOREHOUSE,JOHN D



**Baptist Health  
Emergency Room  
Discharge Instructions**

Page 1 of 1

**DISCHARGE INSTRUCTIONS – MEDICAL CHART**

Med	Phone	Address	Location South		
<b>MEDICINES PRESCRIBED</b>		If none, check this box: <input type="checkbox"/>	<b>VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND</b>		
Name/Strength	Number	Schedule / Duration	No Refills	Refills	
1. Motrin 800mg	24	7 78h pm	<input checked="" type="checkbox"/>		
2.			<input type="checkbox"/>		
3.			<input type="checkbox"/>		
4.			<input type="checkbox"/>		
5.			<input type="checkbox"/>		

**INSTRUCTION SHEET(S) GIVEN**

- |   |                                   |  |  |                               |
|---|-----------------------------------|--|--|-------------------------------|
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury       | <input type="checkbox"/> Threatened Ab       | Return for signs of infection |
| <input type="checkbox"/> Back Pain          | <input type="checkbox"/> Fever    | <input type="checkbox"/> Otitis Media      | <input type="checkbox"/> Vomiting / Diarrhea | > Redness                     |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care          | > Swelling                    |
|   |                                   | <input type="checkbox"/> STD               | <input type="checkbox"/> Other(s)            | > Drainage                    |
|   |                                   |  |  | > Heat                        |

Additional Instructions:

EKG  
meds

Referred to:  
 Dr. Freeman (Ortho)  
 Phone: 673-9000  
 Call on next business day for follow-up appointment  
 in 3 days/ weeks  next available

- Return to Emergency Dept. in \_\_\_\_\_ hours / days for recheck  
 If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.  
 Learning needs assessed  Instructions Modified: \_\_\_\_\_  
 Education provided on new medication \_\_\_\_\_

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- Patient  
 Relative  
 Other \_\_\_\_\_

Time Released > 1905 Hrs.

Instructed By:

Physician:

**WORK/ SCHOOL STATEMENT from the Emergency Department**

Patient Name

Date

- Patient was seen by Dr.  
 No athletics / physical education: \_\_\_\_\_ days\*  
 May return to work / school without restrictions  
 Will require time off work / school. Estimated time: \_\_\_\_\_ days\*  \_\_\_\_\_ was here with relative/ child.  
 Must be reevaluated by family / occupational physician before returning to school / work.  Other: \_\_\_\_\_

RECEIVED

09/14/05  
2005 0449

*Medical*

## MONTGOMERY COUNTY DETENTION FACILITY GRIEVANCE OR APPEAL OF DECISION

Date: 9/13/2005Cellblock: 4BName: Israel GutierrezBooking No. 8565 3Date/Time of Alleged Incident: Wednesday last week 9/7/05**THE FOLLOWING INFORMATION SHOULD BE INCLUDED:**

1. Description or Summary of the Complaint
2. Name of Individual(s) Involved
3. Signature of Inmate

I hurt my left hand, went to the nurse and was told they would take x-rays Thursday 9/8/05. The x-ray technician told me that I broke my knuckle. The nurse then told me they would know Thurs. night or Friday evening if it was broken. On Saturday I went to see the nurse and was seen by the Physc. Nurse. She told me to keep my hand up so the swelling could go down, but if my hand started swelling again to go right back to medical in front of the guard( that I would see the Dr. on Monday). Monday at lunch I asked the guard to call the nurse to see the Dr. and her response was "No, not until Friday". So my hand is swollen and I'm in pain and my hand is Black and Blue. IF the Dr. will see me Friday why couldn't I see him last Friday?



Signature of Inmate

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

Revised 06/11/04

## GRIEVANCE DECISION

GRIEVANCE NO. 20050449 CELLBLOCK: 4B

INMATE NAME: ISRAEL GUTIERREZ BOOKING NO. 85653

I have investigated your grievance dated 09/13/05.

You were scheduled to see the doctor on 09/15/05.

Signature of Grievance Clerks: *J. Jones* Date: 09/19/05